

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13861**
435

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>435</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY OR TOWN <u>McKernon Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 2 0550</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u> b. (Middle) _____ c. (Last) <u>Hardy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1953</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan - 3 - 1887</u>			
9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Co. Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Hardy</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Bueltemann</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Hardy</u>		ADDRESS <u>McKernon Mo Rt 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive CV Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4-26</u> , 19 <u>53</u> , to <u>4-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-30</u> , 19 <u>53</u> , and that death occurred at <u>7:55P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Homer L. Marshall, M.D.</u> (Degree or title)				23b. ADDRESS <u>Prof. Bldg.</u>		23c. DATE SIGNED <u>5-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McKernon Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-6-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>May L. Fossett</u>		ADDRESS <u>McKernon Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

Mr. H. Marshall - Turner
307

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Max L. Forsyth

Licensed Embalmer No. *4252*

P. O. Address *M. Harmon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.